

# 2002 UNIFORM BUSINESS REPORT (UBR)

0109990  
SP

**DOCUMENT # F93000000695**

1. Entity Name

**JF NEVADA CORP.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 APR -2 AM 10:43

Principal Place of Business

Mailing Address

**C/O 600 CENTRAL AVE.  
SUITE 365  
HIGHLAND PARK IL 60035**

**C/O 600 CENTRAL AVE.  
SUITE 365  
HIGHLAND PARK IL 60035**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE



4. FEI Number

**88-0260634**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FELNER, JAY  
4182 LIVE OAK BLVD.  
DELRAY BEACH FL 33445**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **LEFKOVITZ EDWIN**  
CITY-ST-ZIP **34500 FOX RIDGE DR.  
EVERGREEN CO 80439**

TITLE ☒ Change ☐ Addition  
NAME **253 East Delaware, #10B**  
STREET ADDRESS **Chicago, IL 60611**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **SCHWARTZBERG, ALBERT**  
CITY-ST-ZIP **50 MAIN STREET, SUITE 435  
WHITE PLAINS NY 10606**

TITLE ☐ Change ☐ Addition  
NAME **900005236449-5**  
STREET ADDRESS **-04/10/02-01078-011**  
CITY-ST-ZIP **\*\*\*\*150.00 \*\*\*\*150.00**

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **NESHEK, THOMAS**  
CITY-ST-ZIP **14 E. WALWORTH ST.  
ELKHORN WI 53121**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **VD**  
STREET ADDRESS **FELNER, JEFFREY**  
CITY-ST-ZIP **4236 PINE HOLLOW CIRCLE  
GREEN ACRES FL 33463**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **SDV**  
STREET ADDRESS **GOLDMAN, ROBERT U**  
CITY-ST-ZIP **600 CENTRAL AVE., #365  
HIGHLAND PARK IL 60035**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **TD**  
STREET ADDRESS **WAGNER, NATHAN**  
CITY-ST-ZIP **600 CENTRAL AVE., #365  
HIGHLAND PARK IL 60035**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Nathan Wagner**

3/6/02

(847) 432-3666

Date

Daytime Phone #

CR2E034 (9/01)